

Geoffrey Mogridge

**A Report by the
Deputy Health and Disability Commissioner**

(Case 06HDC09325)



Health and Disability Commissioner
Te Toihau Hauora, Hauātanga

Parties involved

Ms A	Consumer and complainant
Mr Geoffrey Mogridge	Provider/Natural health practitioner
Ms B	Psychotherapist

Complaint

On 26 June 2006, the Commissioner received a complaint from Ms A about the services provided by Mr Geoffrey Mogridge. The following issues were identified for investigation:

- *The adequacy and appropriateness of care provided by Mr Geoffrey Mogridge to his client, Ms A, from 1 October 2003.*

An investigation was commenced on 4 July 2006.

Following a review of the information provided by Ms A and Mr Mogridge, on 21 August 2006 the issues identified for investigation were amended to the following:

- *The adequacy and appropriateness of care provided by Mr Geoffrey Mogridge to his client, Ms A, from September 2003 onwards.*
 - *The appropriateness of Mr Geoffrey Mogridge's relationship with his client, Ms A, from September 2003 onwards.*
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Information reviewed

Information from:

- Ms A
- Mr Geoffrey Mogridge
- Ms B

Independent expert advice was obtained from counsellor Anita Bocchino.

...

Independent advice to Commissioner

The following expert advice was obtained from registered counsellor Anita Bocchino:

“[Ms A]/Mogridge 09.10.2006

My full name is Anita Rose Bocchino. I am a Counsellor ... I have been asked to provide expert advice on case number **06/09325**. I have read and agree to follow the Commissioner’s Guidelines for Independent Advisors.

My qualifications and experience are as follows: I undertook my training in psychotherapy from 1988–91 in Hawke’s Bay. In 2002, I completed a Post Graduate Diploma in Counselling at the University of Waikato. I have been in private practice in Napier for 16 years and have been a member of the New Zealand Association of Counsellors since 1993.

I have been a member of the National Executive of New Zealand Association of Counsellors (NZAC) since June 2003 and I am currently the National Vice President of NZAC and have held that position since June 2005. In addition I am also a member of the New Zealand Association of Counsellors National Ethics Committee Portfolio. This Committee considers ethical issues relevant to Counselling and processes complaints brought against members of the Association. A copy of my curriculum vitae is annexed.

I have been asked by the Commissioner to comment on the adequacy and appropriateness of care provided by Mr Geoffrey Mogridge to his client, [Ms A], from September 2003 onwards and to provide the following information:

1. Please comment generally on the standard of care provided by Mr Mogridge to [Ms A].

If not answered above, please answer the following specific points:

2. Please comment on the counselling standards that would apply if Mr Mogridge were a member of the New Zealand Association Counsellors.
3. Please comment on Mr Mogridge’s counselling of [Ms A] in relation to the above standards.
4. Please comment on the method of counselling that Mr Mogridge described as ‘Good cop, bad cop’
5. Mr Mogridge stated that he was not aware of the term ‘transference’. Please comment on a counsellor’s understanding of the relevance of this word.
6. Please comment on Mr Mogridge’s statement that he did not use a model of counselling.

If, in answering any of the above questions, you believe that Mr Mogridge did not provide an appropriate standard of care, please indicate the severity of his departure from that standard.

Finally, are there any aspects of the care provided that you consider warrant additional comment?

To address the above questions I have been provided with the following supporting information:

1. Complaint (pages 1–4);
2. Notification letters (pages 5–8);
3. Information from Mr Mogridge, including interview transcript (pages 9–44);
4. Information from counsellor [Ms B] (pages 1–56)

In preparing my opinion I have been guided by the standards set by the *New Zealand Association of Counsellors, in their Code of Ethics*, 2002 and 16 years' private practice as a counsellor, psychotherapist and clinical supervisor. I also refer to the following relevant literature:

Corey, G., Corey, M. & Callanan, P., *Issues and Ethics in the Helping Professions*, Brooks/Cole, Pacific Grove CA, 1998

Ludbrook, R., *Counselling and the Law*, New Zealand Association of Counsellors, 2003

McGregor, Kim, *Therapy Guidelines: Adult Survivors of Child Sexual Abuse*, Accident Compensation Corporation, 1999

In order to provide independent expert advice about whether Mr Mogridge provided adequate and appropriate care to [Ms A] I have been provided with the following background.

[Ms A] attended Mr Mogridge, a natural health practitioner, towards the end of September or the beginning of October 2003, for a 'healing and consultation session'. [Ms A] has suffered sexual abuse in the past.

During the first session, Mr Mogridge performed a massage, which proceeded to sexual intercourse later in the evening. A sexual relationship then commenced that lasted approximately eight months, during which time Mr Mogridge provided healing services. He has agreed that he provided counselling to [Ms A] for her 'relationship problems'.

During this period, Ms A was also receiving counselling from [Ms B], who was aware of the sexual relationship between [Ms A] and Mr Mogridge, but who stated

that she did not discuss any aspect of [Ms A's] treatment by Mr Mogridge with him.

EXPERT ADVICE REQUIRED:

1. *Please comment on the counselling standards that would apply if Mr Mogridge were a member of the New Zealand Association of Counsellors.*

The Code of Ethics provides benefits for clients and counsellors by setting clearly defined boundaries and minimum standards as well as a guide to good practice and a caution regarding what is unacceptable practice. **A professional code of ethics may be considered the collective wisdom of the professional body and a benchmark of good practice.**

The New Zealand Association of Counsellors Code of Ethics is essentially a prescribed framework where ethical practice, core values and ethical principals are developed. Counselling may be said to be essentially an ethical task: its purpose to serve the client's best interests. *All reasonable steps should be taken to ensure the client's safety during counselling ensuring that the client suffers neither physical nor psychological harm during counselling.*

Counsellors are expected to do clients no harm, promoting the welfare of clients, and exercising professional integrity and social responsibility.

Counsellors are expected to adhere to certain core values as essential and integral to their work. Mr Mogridge was in breach of the following standards, excerpted from the NZAC Code of Ethics, as listed below.

3. Core Values of Counselling

3.4 Responsible caring

3.5 Personal integrity

4. Ethical Principals of Counselling

4.2 Avoid doing harm in all their professional work.

4.5 Promote the safety and wellbeing of individuals, families, communities, whanau, hapu and iwi.

Counsellors are expected to be honest and self-searching in considering the impact of their behaviour on clients. It is unethical for a counsellor to place their personal needs above the needs of their clients. Professional clinical supervision is the appropriate forum to address these issues if they arise. It is expected all counsellors will attend clinical supervision regularly.

Mr Mogridge showed no regard for the core values of counselling, responsible caring and personal integrity, nor the ethical principle that one should avoid doing harm and promote the safety and wellbeing of his client.

5.1 Multiple Relationships

- a) Counsellors assume full responsibility for setting and monitoring the boundaries between a counselling relationship with a client and any other kind of relationship with that client and for making such boundaries as clear as possible to the client.
- b) If conflicting roles with clients emerge during counselling, counsellors must clarify, adjust or withdraw from these roles by an appropriate process.

A great deal of the NZAC Code of Ethics is devoted to illustrating issues around breaching boundaries between counsellor and client in the professional relationship. It appears Mr Mogridge was only minimally aware of the need to keep separate boundaries between the personal and the professional, and he certainly did not demonstrate he was aware of the possible repercussions from such a breach of boundaries.

In hindsight Mr Mogridge states he would have ‘engaged in this relationship very, very differently’ (012:2). In fact, should Mr Mogridge have followed counselling standards he would not have used a therapeutic/healing relationship with [Ms A] to satisfy his own sexual and emotional needs, instead he would have maintained the parameters of the professional relationship or found an appropriate way to withdraw from such a professional relationship from the outset.

It is entirely incumbent upon the counsellor, to set and monitor all the boundaries of the counselling and the counselling setting in a way that avoids harm and promotes the safety of the client. Mr Mogridge did not provide his services in a way that avoided harm or promoted the safety of [Ms A].

5.12 Exploitation

- a) Counsellors shall not exploit clients for purposes of personal, professional, political, or financial gain.

Unequal interpersonal power in the client–counsellor relationship allows the potential to exploit a client. Power as it is used here relates to the ways and extent to which one person gains and maintains influence or ascendancy over another. Relationships in counselling are unequal from the outset as merely asking another to help confers power on the person asked. ***Counsellors must be aware and alert to the inherent inequality in the relationship. This inequality is usually***

enlarged when there are ethnic, gender or other important differences between the counsellor and the client.

Counselling can be referred to as a fiduciary relationship between client and counsellor, built on trust. It is in the interest of both parties that clear professional boundaries be set and observed. Clients have the right to presume they will be cared for in a skilled, ethical and professional manner. Mr Mogridge did not care for [Ms A] in such a manner. Mr Mogridge exploited [Ms A] both sexually and emotionally to meet his own needs with no regard, professionally, to [Ms A's] wellbeing.

It may be said Mr Mogridge exploited [Ms A] financially as well, given he was charging for his 'healing' services while gratifying his own sexual attraction, sexual and emotional needs.

5.11 Sexual Relationships With Clients

- a) Counsellors shall not engage in sexual or romantic activities with their clients.

...

- d) Counsellors shall not provide counselling to persons with whom they have had a sexual or romantic relationship.

Sexual misconduct 'is considered to be one of the most serious of all ethical violations for a therapist' (Corey, Corey and Calanan, 1998). The harmful effects of sexual contact with clients are well known and documented in professional literature. When sex is involved in a counselling relationship it is considered the helping process ends.

A sexual relationship between counsellor and client is **never** the 'fault' of the client. It is incumbent upon the counsellor to manage professional boundaries because such relationships are never appropriate or helpful in counselling and in fact, are usually deemed to be detrimental to the wellbeing of the client. The sexual relationship damages not only the client's trust in the counsellor but also their trust in other people, including other therapists.

Mr Mogridge engaged in a sexual relationship with his client and continued exploiting [Ms A] even after his recognition that 'this girl became reliant on me' (14:42). He acknowledges 'I regret the most ... the dependency that she had on me from combining the two things together because she became dependent on me as a person but also dependent on me as a practitioner' (014:45,46, 015:1).

3. *Please comment on Mr Mogridge's counselling of [Ms A] in relation to the above standards.*

Finding:

Mr Mogridge met none of, and seriously breached, the above standards in his treatment of [Ms A]. Any consideration or responsibility for the wellbeing of his client was only in retrospect upon being challenged.

4. *Please comment on the method of counselling that Mr Mogridge described as 'good cop, bad cop'.*

The above is not a method of counselling; rather, I believe, it is a method of interrogation used by police investigators. This would be an entirely inappropriate and dangerous intervention to use with a client, especially detrimental where the client has experienced Post Traumatic Stress Disorder from historical sexual abuse. In my opinion this 'method', as used by Mr Mogridge, in itself constitutes sexual abuse, re-traumatisation and re-victimisation.

5. *Please comment on Mr Mogridge's statement that he was not aware of the term 'transference'. Please comment on a counsellor's understanding of the relevance of this word.*

All counselling training in New Zealand teaches a counsellor to be aware of transference and countertransference and the need to be able to identify issues arising from these phenomena in the therapeutic relationship. The terms are used to refer to the client's general orientation to the therapist and the therapist's reactions in response. 'Transference is the process whereby clients project onto their therapists past feelings or attitudes they had toward significant people in their lives' (Corey, Corey & Callanan, 1998: 45). Feelings rooted in past relationships, especially childhood, become directed toward the therapist.

Mr Mogridge refers, albeit unwittingly, to transference when he states:

'... her feeling of sometimes discomfort when she felt that I was like her father and she was having problems with that.' (020:35)

Because of her history of childhood sexual abuse, it is likely [Ms A] held (transferred) a deep need and wish or fantasy that Mr Mogridge could be the all-powerful rescuer she may have hoped for as a child. It is not at all unusual, and in fact, expected that such survivors of sexual abuse are more likely to form re-victimising relationships and partnerships, such as this one with Mr Mogridge, who will re-enact their early environments of victimisation. This phenomenon is termed Trauma Re-enactment Syndrome and all skilled counsellors will be aware of this tendency as a factor in therapy.

Mr Mogridge appears to have no professional training in counselling and his lack of understanding of transference in his relationship with [Ms A] meant it is likely she was re-victimised and re-traumatised by his gross inadequacy and incompetency in his counselling/therapeutic endeavours.

6. *Please comment on Mr Mogridge's statement that he did not use a model of counselling.*

All professional counselling trainings in New Zealand teach at least two models of counselling to students. Counselling models are the theoretical framework or approaches that guide skilful and safe counselling practice. Through the counselling models counsellors understand what they are doing when working with clients.

Practicing counselling without an explicit theoretical rationale is akin to flying a plane without a map and without instruments. Mr Mogridge appears to have been doing his 'counselling' without a set of general guidelines that counsellors use to make sense of what they are doing and [that] would have made him aware of the safety and ethical issues he transgressed in his treatment of [Ms A].

Are there any aspects of the care provided that you consider warrant additional comment?

In this case the possible and probable damages to [Ms A], as a result of Mr Mogridge's 'counselling/healing', are likely to have been seriously compounded by the fact she was a victim of childhood sexual abuse and rape. It is likely [Ms A] suffers Post Traumatic Stress Disorder as a result of historical sexual abuse.

Counsellors approved by ACC to engage in sexual abuse counselling must have extra training and experience beyond their counselling training in order to become accredited by ACC to work with such abuse. This is because such work is deemed complex and requires highly skilled therapists to make useful, and particularly safe, interventions while working with the long-term cumulative effects of sexual abuse.

Although the trauma may have happened many years ago, symptoms of Post Traumatic Stress Disorder may be triggered by life experiences that parallel the abuse experience. It is well known in professional literature (McGregor, Kim, 1999:10,11,12) that survivors of childhood sexual abuse report significantly more negative adult experiences, such as sexual assaults, physical assaults and force used against them and have been described by therapists and other professionals as the 'sitting duck syndrome'.

It is also not uncommon that survivors of childhood sexual abuse will choose abusive partners or other relationships and this appears to have happened in [Ms A's] relationship with Mr Mogridge. It is highly likely any damage to [Ms A] by

Mr Mogridge's interventions/counselling were compounded by the fact she is a victim of historical sexual abuse.

Summary

Counselling is a client-centred process and counsellors are expected to focus on the needs and wishes of their clients, provided they are safe and based on sound judgment. Further, counsellors are said to be in a position of trust in relation to their clients. This is because it is recognized counsellors have considerable power in the counsellor–client nexus. The client's trust and the counsellor's power mean it is possible for clients to suffer abuse. Counselling continues to be professionalised and counsellors are increasingly accountable for their practice and clients are protected. This is because it is considered possible that practitioners could abuse their power and/or provide a poor standard of practice that may harm clients.

There is little evidence, in the documents provided to me, that Mr Mogridge considered the needs or welfare of his client, [Ms A], except as an afterthought upon being challenged by the HDC investigation. Mr Mogridge acknowledges he saw [Ms A] as 'vulnerable and in need of attention' (010:26) and that he was 'vulnerable and need of attention as well' (010:27) and used this knowledge and his position of power to satisfy his 'extreme attraction' (010:34) to [Ms A]. Though he acknowledges, in hindsight, he regrets 'things that happened with her' (010:14, 011:4) he appears to have used [Ms A's] vulnerability and his knowledge of her 'deep emotional issues and sometimes difficulty in saying things' (11:03) and 'in speaking out against injustices' (011:7) to create a relationship with Ms A solely to satisfy his own needs, both sexual and emotional, without regard to her safety or wellbeing.

Mr Mogridge acknowledges that [Ms A] 'is the one person in this that I believe if anyone had a genuine and to some degree justified complaint' (015:20). It would appear, from the evidence provided to me, that Mr Mogridge has sexually abused, re-victimised and re-traumatised [Ms A].

Finding

I consider Mr Mogridge's actions to be very severe breaches of the counselling standards and would likely result in expulsion and published sanctions, if he were a member of NZAC."

Code of Health and Disability Services Consumers' Rights

The following Rights in the Code of Health and Disability Services Consumers' Rights are applicable to this complaint:

Right 2

Right to Freedom from Discrimination, Coercion, Harassment, and Exploitation

Every consumer has the right to be free from discrimination, coercion, harassment, and sexual, financial or other exploitation.

Right 4

Right to Services of an Appropriate Standard

(1) Every consumer has the right to have services provided with reasonable care and skill.

(2) Every consumer has the right to have services provided that comply with legal, professional, ethical, and other relevant standards.

Other relevant standards

New Zealand Association of Counsellors *Code of Ethics* (2002):

5.11 Multiple Relationships

- c) Counsellors assume full responsibility for setting and monitoring the boundaries between a counselling relationship with a client and any other kind of relationship with that client and for making such boundaries as clear as possible to the client.

5.13 Sexual Relationships With Clients

- a) Counsellors shall not engage in sexual or romantic activities with their clients.

Opinion

This report is the opinion of Tania Thomas, Deputy Commissioner, and is made in accordance with the power delegated to her by the Commissioner.

Breach — Mr Geoffrey Mogridge

Introduction

Mr Mogridge works in the Auckland region. He describes his specialty as “healing”. He provides services “to help people work with different aspects of their lives emotionally, mentally and also physically”. He also provided “spiritual healing”, “massaging in some cases”, and ran a variety of workshops (“aimed at not only helping people on a spiritual sense but also in a physical sense in relation to their daily lives”). He advertised as a “natural therapies practitioner” specialising in healing and counselling.

I consider Mr Mogridge to be a health care provider under section 3(k) of the Health and Disability Commissioner Act 1994 (the Act), as he “holds himself ... out, as providing health services to the public”. The services Mr Mogridge provided were intended to, and advertised as, “services to promote health” and included counselling services. Therefore I am satisfied that Mr Mogridge provided “health services” in accordance with the definition in section 2 of the Act.

Counselling services

Although Ms A initially attended Mr Mogridge for healing and numerology, he agreed that he also provided counselling for her relationship and sexual abuse problems:

“Interviewer: In your description of your interaction with [Ms A], you talked about helping her through her relationship problems and with her past abuse problems — that feels like counselling to me, would you describe it as counselling? And if not [counselling], what would you describe it as?”

Mr Mogridge: If you were to put a definition on such a thing, then that would be the best definition that could possibly be applied.”

I conclude that Mr Mogridge was attempting to provide Ms A with counselling services for her relationship and sexual abuse difficulties.

The Commissioner has held that the Code of Ethics of the New Zealand Association of Counsellors (NEAC) dictate the professional standards for practising as a counsellor in New Zealand, whether or not the provider was a member of NZAC.¹ Mr Mogridge

¹ Opinion 03HDC02071, page 5, www.hdc.org.nz.

denies being a “professional counsellor” and has received no formal training in counselling. However, he held himself out as providing counselling services by advertising “counselling (both spiritual and personal)”. Consumers, and the public in general, expect any person offering counselling services to have professional competence in this area. Mr Mogridge provided services to clients with serious issues, including sexual abuse. As Ms Bocchino advised, sexual abuse counselling is particularly complex and “requires highly skilled therapists to make useful, and particularly safe, interventions”. Since Mr Mogridge held himself out as providing counselling services, I consider it appropriate to assess the services he provided against the standard of care expected of counsellors.

Sexual exploitation

Mr Mogridge agreed that he had a concurrent sexual and professional relationship with Ms A lasting eight months. On the very first appointment, Mr Mogridge made sexual advances toward Ms A. According to Ms A, he subsequently informed her that their relationship was exclusive (which it was not), and during this time he was paid by her for the services he provided.

Once their personal relationship had ended, Mr Mogridge attempted to persuade Ms A and another female into his bedroom to indulge in what he described as a schoolboy fantasy. Although he originally stated that this was at the behest of Ms A, he subsequently stated that it was a spur-of-the-moment decision on his part. Ms A stated that she had shown no sexual interest in the other woman at all. I accept Ms A’s account that Mr Mogridge said that he would show them a healing technique. Mr Mogridge admitted that his intention in inviting the two women back into his house after the workshop was to indulge his fascination about “two women together”.

Mr Mogridge seems oblivious to the effect of such behaviour on the women involved. He now admits that he was “a sick little puppy on this particular occasion”. Under the guise of healing, Mr Mogridge lured two women, who had both attended a personal development workshop run by him, to his bedroom to indulge his personal sexual needs.

To use a purported professional assessment as an opportunity to make sexual advances is to sexually exploit the consumer involved.² There was a power imbalance between Mr Mogridge, a therapist providing counselling services, and his client, Ms A. As his client, Ms A was in a vulnerable position, particularly as she was seeking counselling for past sexual abuse. A therapist who violates the boundaries of the therapist/client relationship thereby exploits the client.³ The client is dependent on the therapist to honour their professional fiduciary obligations to meet the client’s needs before their

² See Opinion 02HDC09817, www.hdc.org.nz.

³ HPDT 27/OT05/14D, para 54., www.hpdt.org.nz.

own. I am satisfied that there was a fiduciary relationship between Ms A and Mr Mogridge.

In Opinion 03HDC06499, the Commissioner stated:

“Exploitation occurs where a person in a fiduciary relationship (such as a counsellor) takes advantage of another for his or her own ends. It is irrelevant to a finding of exploitation whether the person to whom a fiduciary duty is owed is a willing participant.”

I agree with the following comment of my expert advisor, Ms Bocchino:

“Counselling can be referred to as a fiduciary relationship between client and counsellor, built on trust. It is in the interest of both parties that clear professional boundaries be set and observed. Clients have the right to presume they will be cared for in a skilled, ethical and professional manner. Mr Mogridge did not care for [Ms A] in such a manner. Mr Mogridge exploited [Ms A] both sexually and emotionally to meet his own needs with no regard, professionally, to [Ms A’s] wellbeing.”

It is clear that Mr Mogridge used his position to achieve his own sexual gratification, beginning during his first consultation with Ms A. Mr Mogridge exploited the potential for intimacy provided by their professional relationship, in which Ms A was in a vulnerable position. In doing so, Mr Mogridge violated his fiduciary obligations and therefore exploited Ms A. That Ms A was a victim of past sexual abuse compounds the gravity of his behaviour. His encouragement of a *ménage à trois* at his house with two women who had been at his group healing workshop was also exploitative. In my opinion, Mr Mogridge sexually exploited Ms A, and therefore breached Right 2 of the Code of Health and Disability Services Consumers’ Rights.

Professional boundaries

When a health care provider engages in a sexual relationship with a client, fundamental ethical standards are breached. Counselling is a process that involves an intense therapeutic relationship where the client confides fears, feelings, emotional responses and vulnerabilities. It is widely recognised (although apparently not by Mr Mogridge) that the counsellor/client relationship can result in transference, where the consumer idealises the therapist or “falls in love” with him or her. Any relaxation of professional boundaries by a counsellor can contribute to feelings of transference that the consumer may be developing.⁴ Thus it is vital for a counsellor to be aware of the risks of transference in the therapeutic relationship, and the importance of maintaining professional boundaries in such a relationship.

⁴ See Opinion 01HDC09143, www.hdc.org.nz.

This is supported by the New Zealand Association of Counsellors' Code of Ethics, which states:

- 5.11(a) Counsellors assume full responsibility for setting and monitoring the boundaries between a counselling relationship with a client and any other kind of relationship with that client and for making such boundaries as clear as possible to the client.
- 5.13(a) Counsellors shall not engage in sexual or romantic activity with their clients.

By entering into a sexual relationship with Ms A, Mr Mogridge breached ethical standards and Right 4(2) of the Code.

Competence

Mr Mogridge initially stated that he was working with Ms B, Ms A's psychotherapist/counsellor, in formulating a therapy regime. Part of that therapy was what Mr Mogridge paraphrased as "good cop, bad cop":

"[Ms B and I] had quite a few discussions on how to concurrently work with treating [Ms A], it was agreed at the time that I would bring things up and — probably brought them up quite strongly and heavily with [Ms A] in relation to her misuse and abuse ...

In the process of working with her, I would be very strong with [Ms A] and push her to work through it, to start to deal with some of these issues ... So in a way the professional treatment with [Ms A] was like 'good cop, bad cop', I'd bring stuff up and then [Ms B] would then come through and fix those other parts."

Ms B, however, stated that she had never discussed Ms A's treatment with Mr Mogridge, only meeting him two or three times at meditation sessions. She stated that she was "[a]bsolutely not" aware of the therapy described as "good cop, bad cop", and "would have been horrified and would definitely not have agreed to such a traumatising and destructive therapy".

Mr Mogridge amended his stance later in the investigation, and stated:

"When I referred to 'good cop, bad cop' this was not in the context of any session. Issues arose between us, in the course of the relationship, and [Ms B] would help [Ms A] deal with the aftermath. There was no deliberate attempt or pre-planning/collusion by either myself or [Ms B] to bring up any particular issues, it just happened, as it does in relationships."

I am satisfied that neither Ms B, nor any responsible counsellor, would ever agree to the "good cop, bad cop" course of therapy. There is no evidence, apart from Mr Mogridge's statements, that Ms B discussed Ms A's treatment with him. I agree with

my advisor's view that the "good cop, bad cop" form of counselling is "an entirely inappropriate and dangerous intervention to use with a client, especially detrimental where the client has experienced Post Traumatic Stress Disorder from historical sexual abuse" and "constitutes sexual abuse, re-traumatisation and re-victimisation".

My advisor also commented:

"Mr Mogridge appears to have been doing his 'counselling' without a set of general guidelines that counsellors use to make sense of what they are doing and [that] would have made him aware of the safety and ethical issues he transgressed in his treatment of [Ms A]."

In short, Mr Mogridge was attempting to counsel a client with complex needs but he did not have the skills to do so. With no formal training in counselling, he attempted to counsel Ms A for her historical sexual abuse and relationship difficulties. He was unaware of the dangers of transference, and used a model of therapy that was, according to Ms Bocchino, "entirely inappropriate and dangerous". Ms Bocchino advised:

"Mr Mogridge appears to have no professional training in counselling and his lack of understanding of transference in his relationship with [Ms A] meant it is likely she was re-victimised and re-traumatised by his gross inadequacy and incompetency in his counselling/therapeutic endeavours."

Mr Mogridge did not provide counselling services with reasonable care and skill and therefore breached Right 4(1) of the Code.

Protection of the public

Currently in New Zealand, anyone can set up business as a counsellor, with no previous training or experience. Consumers who seek counselling services need to carefully consider who they choose to provide this service. Counselling is a complex skill that requires training and experience. As shown by Mr Mogridge's attempts at counselling Ms A, immense damage can be caused by inappropriate counselling undertaken by an unqualified and unregistered practitioner in relation to a vulnerable client.

I view Mr Mogridge's behaviour as that of a sexual predator, not a "sick puppy" as he has euphemistically stated. Ms A entrusted Mr Mogridge with her care and well-being, and he totally disregarded both. Mr Mogridge unashamedly chose to take a self-centred approach to Ms A's care rather than a client-centred approach, and the impact of this unethical choice has been to cause harm.

In my opinion Mr Mogridge should not now, or in the future, practise as a counsellor or a natural therapies practitioner. As a result of my concern about protection of the public, I will name Mr Mogridge in the abridged copy of this report to be placed on the Health and Disability Commissioner website.

I am also concerned that during the investigation Mr Mogridge stated that he had previously worked for Victim Support. In light of the conduct revealed during this investigation (and a parallel investigation, reported in Opinion 06HDC07873), I believe that it would be dangerous for him to be supporting vulnerable female clients. Therefore I will bring this report to the attention of Victim Support.

Follow-up actions

- Mr Mogridge will be referred to the Director of Proceedings in accordance with section 45(2)(f) of the Health and Disability Commissioner Act 1994 for the purpose of deciding whether proceedings should be brought before the Human Rights Review Tribunal.
 - An abridged copy of this report, with details identifying the parties removed but naming Mr Mogridge, will be sent to Victim Support and the New Zealand Association of Counsellors, and placed on the Health and Disability Commissioner website, www.hdc.org.nz.
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Addendum

The Director of Proceedings decided to issue proceedings before the Human Rights Review Tribunal. On 21 December 2007 the Tribunal made a declaration that Mr Mogridge had breached Rights 2, 4(2), and 4(4) of the Code.

He was ordered to pay compensatory damages of \$30,000 and exemplary damages of \$20,000. On 9 May 2008 the HRRT ordered Mr Mogridge to pay \$11,250 costs, and imposed an order under s 54(1)(b) of the Health and Disability Commissioner Act, restraining him from repeating the conduct that led to the breaches of the Code.

Mr Mogridge's application for name suppression was declined.